**Caution: DRAFT FORM** 

This is an advance draft copy of a California tax form. It is subject to change and FTB approval before it is officially released.

If you have any comments on this draft form, you can submit them to us on our website at <a href="https://www.ftb.ca.gov/forms/drafts/index.html">www.ftb.ca.gov/forms/drafts/index.html</a>.

IAXABLE YEAR SUDSTITU	ite for Form W-2, wage a	ing lax Statement, or	CALIFORNIA FORM
Form 10	99-R, Distributions From	n Pensions, Annuities,	3525
	<u>-</u>	ns, IRAs, Insurance Contracts, etc	<u> </u>
For Privacy Notice, get form F		Shout Forms 540ND on Forms 540V	
		hort Form 540NR, or Form 540X.	La v. con litin
1 Your first name, middle initial, and I	ast name		2 Your SSN or ITIN
3 Address (number street including	Apt, suite, PO box, or PMB no., city, sta	ate and ZIP Code)	
Tradices (number, sheet, molading	7. pt, date, 1 & box, 61 1 MB 116., 61ty, 61t	ato, and 211 Godo)	
4 ENTER THE YEAR IN THE SPACE	PROVIDED AT THE END OF THIS ST	FATEMENT: I notified the Internal Revenue Service that	Thave been unable to obtain or have
received an incorrect Form W-2, W-Contracts, etc., from my employer of		R, Distributions From Pensions, Annuities, Retirement o	r Profit-Sharing Plans, IRAs, Insurance
		compensation (including noncash payments), retirement	t payments received, state income tax
withheld, and disability insurance was 5 Employer's or payer's name, address	vithheld by the employer or payer during	g the taxable year.	
5 Employers or payers name, addres	ss, city, state, and zir code		
6 Federal employer identification	7 State income tax withheld	8 Wages, tips, or other compensation before	9 State Disability Insurance withheld
number (if known)	(include the name of the state)	deductions for taxes, insurance, etc.	
10 Dependent care benefits	11 Nonqualified plans	12 Gross distributions – Qualified plan distributions	
		(IRA, pension, profit-sharing, etc.)	
13 Taxable amount - Qualified plan of		14 Capital gain (Included in Box 13)	15 Other
(IRA, pension, profit-sharing, etc.)	'		
TAXABLE YEAR <b>Substitu</b>	te for Form W-2, Wage a	and Tay Statement of	CALIFORNIA FORM
Substitu	99-R. Distributions From	Paneiane Annuitiae	
		ns, IRAs, Insurance Contracts, etc	3525
		naj maaj madrande domindelaj ete	<u> </u>
For Privacy Notice, get form FAttach this form to Form 540.		short Form 540NR, or Form 540X.	
1 Your first name, middle initial, and J	-	A CONTROLLER, GIVEN TO TOST.	2 Your SSN or ITIN
,			
3 Address (number, street, including	Apt, suite, PO box, or PMB no., city, st	ate, and ZIP Code)	
received an incorrect Form W-2, W		TATEMENT: I notified the Internal Revenue Service that	
Contracts, etc., from my employer of		R, Distributions From Pensions, Annuities, Retirement o	
		R, Distributions From Pensions, Annuities, Retirement o	
The amounts shown below are my	or payer named below. best estimates of all wages, tips, other	compensation (including noncash payments), retiremen	-
The amounts shown below are my withheld, and disability insurance w 5 Employer's or payer's name, address	or payer named below.  best estimates of all wages, tips, other withheld by the employer or payer during	compensation (including noncash payments), retiremen	-
withheld, and disability insurance w	or payer named below.  best estimates of all wages, tips, other withheld by the employer or payer during	compensation (including noncash payments), retiremen	-
withheld, and disability insurance w	or payer named below.  best estimates of all wages, tips, other withheld by the employer or payer during	compensation (including noncash payments), retiremen	-
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16 How did you determine or estimate the amo	ounts in items 7–15?	
•		
17 Give the reason why Form W-2, 1099-R, or	W-2c, Statement of Corrected Income and	Tax Amounts, was not furnished by your employer or payer, if
known. Explain your efforts to obtain the for	m.	
		•
Under penalties of perjury I declare that I	have examined this statement and to	the best of my knowledge and belief, it is true, correct,
and complete.	nave examined the elatement and, to	the boot of my knowledge and boilet, it is true, contest,
18 Your signature		<b>19</b> Date
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31ue 2 110 3323 2000		
16 How did you determine or estimate the amo	ounts in items 7–152	<del></del>
To now and you determine or estimate the arric	Julius III Reilis 7–13:	
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17 Give the reason why Form W-2, 1099-R, or	W-2c, Statement of Corrected Income and	Tax Amounts, was not furnished by your employer or payer, if
known. Explain your efforts to obtain the for	m.	
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Hadanaan Karata 2 - 1 - 1 - 2 - 2	I have a second and the second second	also be an affirm to sold admin at 11 P. C. 9.1.
	nave examined this statement and, to	the best of my knowledge and belief, it is true, correct,
and complete.		
18 Your signature		<b>19</b> Date